

**DEPARTMENT OF FINANCIAL INSTITUTIONS**

111 PINE STREET, SUITE 1100  
SAN FRANCISCO, CA 94111-5613  
(415) 263-8540



**COMPLAINT REGARDING UNLICENSED TRANSMITTER OF MONEY ABROAD**

**Information Regarding Unlicensed  
Transmitter of Money Abroad**

Name and Office Address

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone \_\_\_\_\_  
Contact Person \_\_\_\_\_

**Your Personal Information**

Your Name and Address

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Your Email Address \_\_\_\_\_  
Your Telephone \_\_\_\_\_  
Your Fax number \_\_\_\_\_  
Your Employer \_\_\_\_\_

How and when did you become aware of this transmitter of money abroad? Describe everything you personally observed about the conduct of its money transmission business. Submit copies of the following documents with this form: receipts, advertisements, photographs of transmitter of money abroad's offices and brochures that show the person or company complained of is engaged in the business of transmitting money abroad.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you willing to appear in court to testify to the foregoing? Yes \_\_\_\_\_ No \_\_\_\_\_

Your Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please complete and mail this form and related documents to the address below.**

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